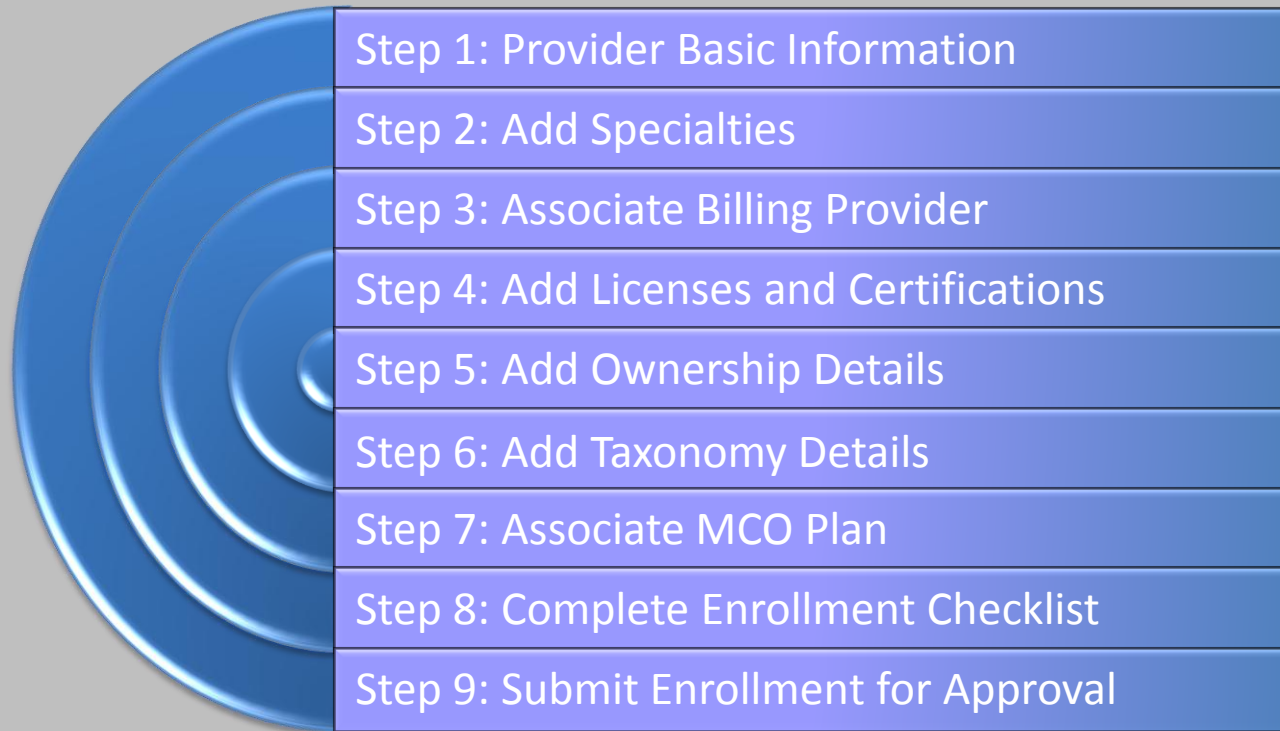# ILLINOIS PROVIDER ENROLLMENT

Rendering / Servicing Provider

- Introduction to IMPACT and Key Terms
- Application Process
- Resuming an Application
- Starting a New Application
- The Business Process Wizard (BPW)
- Completing the Application using BPW
- Reviewing Submitted Application
- Resources
- Questions & Answers

Introduction and Key Terms

- **IMPACT** is a multi-agency effort to replace Illinois' 30-year-old Medicaid Management Information System (MMIS) with a web-based system that meets federal requirements, is more convenient for providers and increases efficiency by automating and expediting state agency processes.

- **Key Terms:**
  - Individual Rendering/Servicing Provider: A provider who does not bill Medicaid directly and who prescribes or refers items or services through a Group, Facility, Agency, Organization or Individual Sole Proprietor.
  - Billing Provider: A provider who submits claims and/or receives payment for an Individual provider.
  - MCO Plan: Health care plans that provide health care through a provider network. Sister Agencies will also be listed as an MCO. A sister agency is also known as a State Agency or a Waiver provider.
  - New Enrollment: A new provider who needs to enroll in IMPACT.
  - Revalidation: A provider previously enrolled in MMIS whose information was transferred to IMPACT. An Application ID was received by mail.

- **Enrollment Timeline:**
  - Individual providers will need to enroll or revalidate in IMPACT starting in August 2015.

Application Process

Step 1: Provider Basic Information

Step 2: Add Specialties

Step 3: Associate Billing Provider

Step 4: Add Licenses and Certifications

Step 5: Add Ownership Details

Step 6: Add Taxonomy Details

Step 7: Associate MCO Plan

Step 8: Complete Enrollment Checklist

Step 9: Submit Enrollment for Approval

Pressing this button on any screen will bring you back to this menu.

Pressing any of the buttons below will skip to that step of the presentation

Shortcut to Step: 1 2 3 4 5 6 7 8 9

Start New Application

Manage your account

👆	**Request Application Access**	👤	**Update Profile**
🔒	**Change Password**	✏️	**Update Security Q&A**

Access your applications

- IMPACT Provider Enrollment

- After completing the sign-on, click on ***IMPACT Provider Enrollment***.

Provider Enrollment

	New Enrollment	Enroll As A New Provider
	Track Application	Track Existing Provider Application

- In regards to completing an application, there are two options: New Enrollment or Resuming an application.

Shortcut to Step: **1** **2** **3** **4** **5** **6** **7** **8** **9**

Start New Application

- To resume (or revalidate) an application, click on *Track Application*.
- The application number was either mailed out on a yellow card (revalidation) or sent to the listed email address (In-process application).

- Enter the Application ID for the application you want to access.
- After entering the ID number, click *Submit*.
- This process will then go directly to the Business Process Wizard (BPW).

Shortcut to Step: | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |

Start New Application
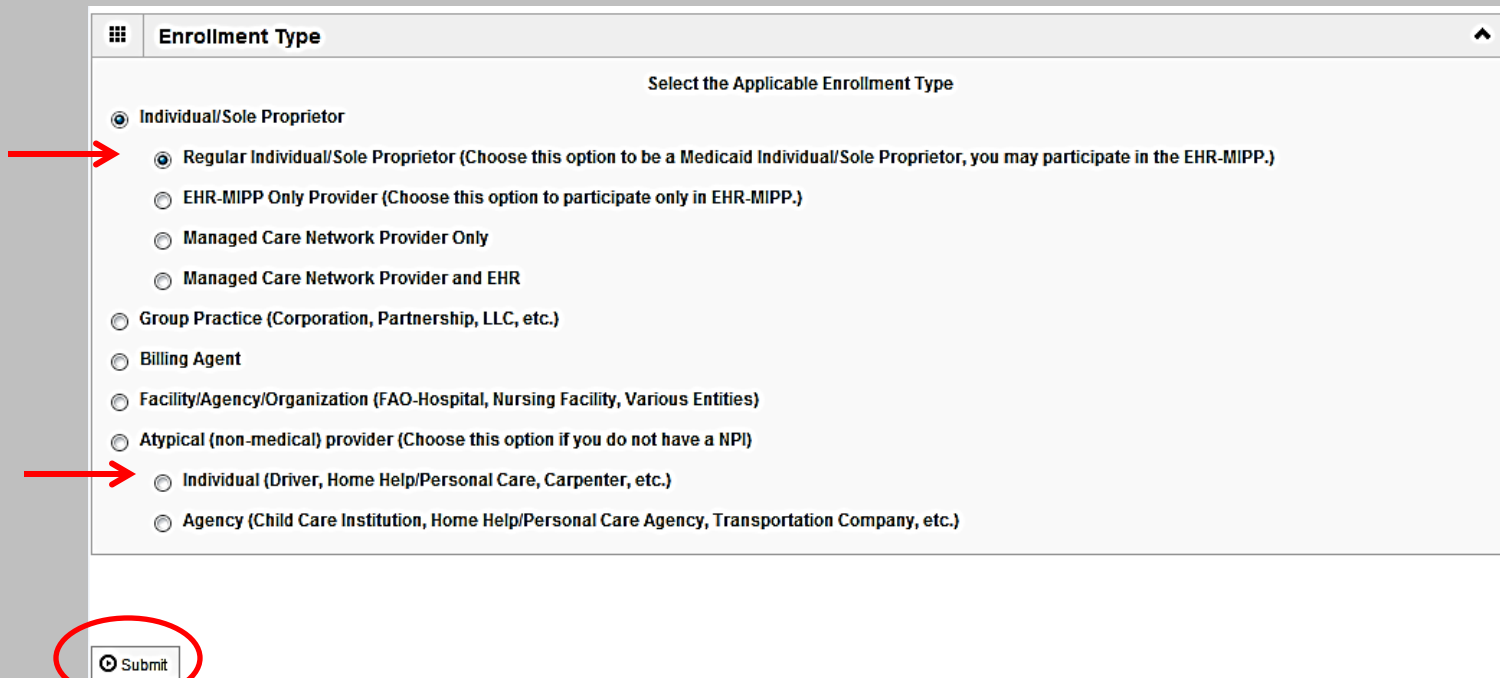
Provider Enrollment	
New Enrollment	Enroll As A New Provider
Track Application	Track Existing Provider Application

- If completing a new application, click on **New Enrollment**.

Enrollment Type

Select the Applicable Enrollment Type

- ◉ Individual/Sole Proprietor
  - ◉ Regular Individual/Sole Proprietor (Choose this option to be a Medicaid Individual/Sole Proprietor, you may participate in the EHR-MIPP.)
  - ○ EHR-MIPP Only Provider (Choose this option to participate only in EHR-MIPP.)
  - ○ Managed Care Network Provider Only
  - ○ Managed Care Network Provider and EHR
- ○ Group Practice (Corporation, Partnership, LLC, etc.)
- ○ Billing Agent
- ○ Facility/Agency/Organization (FAO-Hospital, Nursing Facility, Various Entities)
- ○ Atypical (non-medical) provider (Choose this option if you do not have a NPI)
  - ○ Individual (Driver, Home Help/Personal Care, Carpenter, etc.)
  - ○ Agency (Child Care Institution, Home Help/Personal Care Agency, Transportation Company, etc.)

⊙ Submit

- Use the radio buttons to select your enrollment type (Typical vs. Atypical), then click on **Submit** in the lower left corner.

Shortcut to Step: | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |

Start New Application
(Step 1: Basic Provider Information)

*Please complete all fields. At a minimum, all fields with an * are required.*
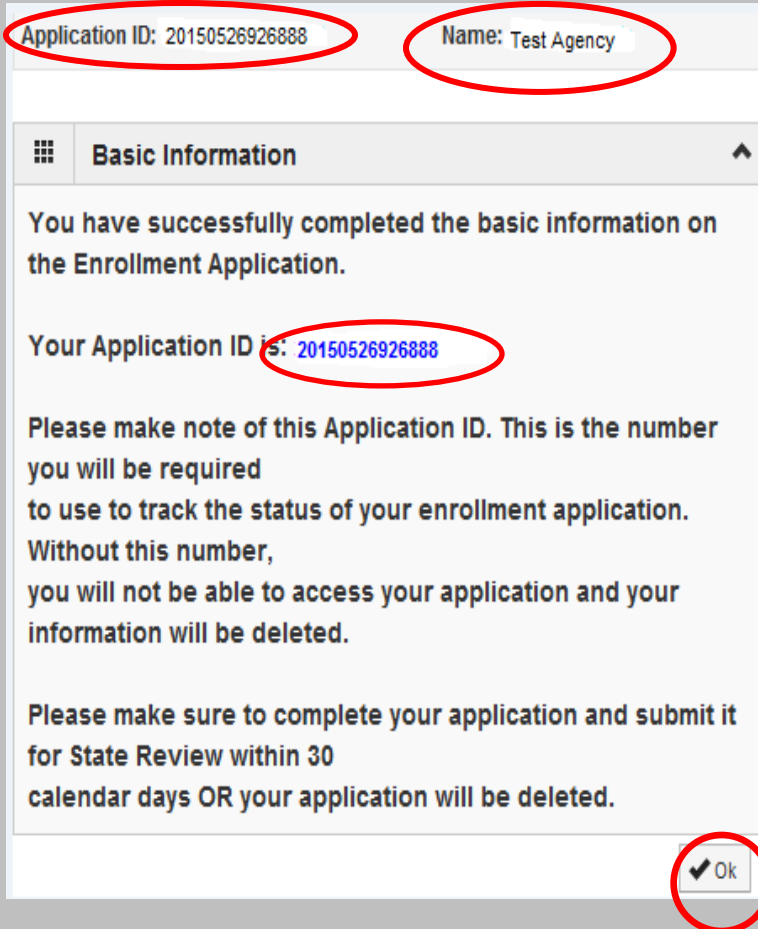
- *Applicant Type* will need to be selected from the drop down and it drives the rest of the application.
- Click *Validate Address* after street address and zip code have been entered.
- After all the information has been entered click *Finish*.

Shortcut to Step: **1** **2** **3** **4** **5** **6** **7** **8** **9**

Start New Application
(Step 1: Basic Provider Information)

Application ID: 20150526926888   Name: Test Agency

Basic Information

You have successfully completed the basic information on the Enrollment Application.

Your Application ID is: 20150526926888

Please make note of this Application ID. This is the number you will be required
to use to track the status of your enrollment application. Without this number,
you will not be able to access your application and your information will be deleted.

Please make sure to complete your application and submit it for State Review within 30
calendar days OR your application will be deleted.

✔ Ok

- Application ID: systematically generated.

- Name: should reflect name from Basic Information.

- The system will generate an application ID after the successful completion of the Basic Information screen; the application number is a 14-digit number that has the following components:
  - The system date in yyyymmdd format
  - A 6-digit system generated random number
  - Example: 20130514412598

- Application IDs are valid for 30 calendar days; applications must be completed and submitted to the state for review during this 30 day period or the application will be DELETED.

- The application ID will be used to access the application before submission to the state for review and will be used to track the status of your submitted application until it is mark approved.

- After documenting the ID number click *OK*.

Shortcut to Step: 1   2   3   4   5   6   7   8   9

Using the Business Process Wizard (BPW)
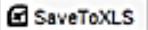
The BPW serves as the "Control Center" of the application.

Enroll Provider - Individual

Business Process Wizard - Provider Enrollment (Individual), Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	05/21/2015	05/21/2015	Complete	
Step 2: Add Specialties	Required			Incomplete	
Step 3: Associate Billing Provider	Required			Incomplete	
Step 4: Add License/Certification/Other	Optional			Incomplete	
Step 5: Add Provider Controlling Interest/Ownership Details	Optional			Incomplete	
Step 6: Add Taxonomy Details	Required			Incomplete	
Step 7: Associate MCO Plan	Optional			Incomplete	
Step 8: Complete Enrollment Checklist	Required			Incomplete	
Step 9: Submit Enrollment Application for Approval	Required			Incomplete	

View Page: 1 ⊙ Go Page Count : 1 SaveToXLS   Viewing Page: 1   « First ‹ Prev › Next » Last

- **Required:** Steps listed as *Optional* may change to *Required* based upon previous steps.
- **Dates**: Entered by the system; *Start Date* is the date each step is opened, the *End Date* is the date each step is completed.
- **Status**: When a step is completed the *Status* will be updated to *Complete*; answering some checklist questions may change a prior step's status back to *Incomplete*.
- **Remarks**: *Remarks* are systematically generated throughout the enrollment process.

Shortcut to Step: | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |

- Once you have documented your Application ID, you have completed Step 1: *Provider Basic Information.* The system will place the current date in the *End Date* field and will place *Complete* in the corresponding *Status* field.
- *Steps 1* and *2* must be completed before attempting any of the later steps.
- Click on Step 2: *Add Specialties* to continue completing your application.

Enroll Provider - Individual

Business Process Wizard - Provider Enrollment (Individual). Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	05/21/2015	05/21/2015	Complete	
Step 2: Add Specialties	Required			Incomplete	
Step 3: Associate Billing Provider	Required			Incomplete	
Step 4: Add License/Certification/Other	Optional			Incomplete	
Step 5: Add Provider Controlling Interest/Ownership Details	Optional			Incomplete	
Step 6: Add Taxonomy Details	Required			Incomplete	
Step 7: Associate MCO Plan	Optional			Incomplete	
Step 8: Complete Enrollment Checklist	Required			Incomplete	
Step 9: Submit Enrollment Application for Approval	Required			Incomplete	

View Page: 1 · Go · Page Count : 1 · SaveToXLS · Viewing Page: 1 · First · Prev · Next · Last

Shortcut to Step: 1 2 3 4 5 6 7 8 9

Step 2: Add Specialties

⊘ Close **⊕ Add**

▦ Specialty/Subspecialty List ⌃

Filter By ▼			⊙ Go	🖫 Save Filters	▼ My Filters ▼

☐	Specialty/Subspecialty △▼	Provider Type ▲▼	End Date ▲▼
	No Records Found !		

• Click the ***Add*** button in the upper left corner.

Shortcut to Step: **1** **2** **3** **4** **5** **6** **7** **8** **9**

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Step 2: Add Specialties
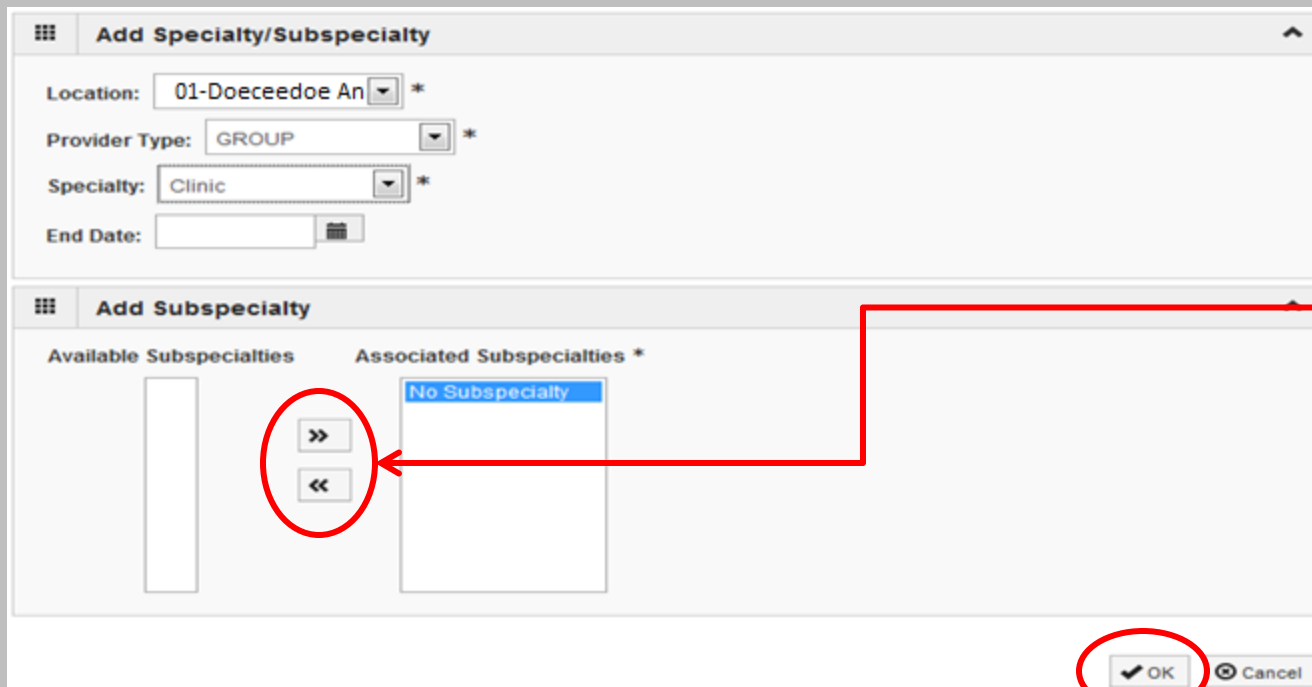
- Select your ***Provider Type*** from the drop down.
- Select your ***Specialty*** from the drop down.

Shortcut to Step: | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9**

Step 2: Add Specialties

- Once the Provider Type and the Specialty are selected, the Subspecialties will populate at the bottom of the screen in the *Available Subspecialties* box.
- The Provider must choose at least one Available Subspecialty (or No Subspecialty) if multiple selections are available.
- If only one choice is available, the system will preselect that selection.
- Once all desired selections are moved to the *Associated Subspecialties* box, click *OK* in the bottom right corner

Click on the Subspecialties then click on the *double arrows* to move the Subspecialties over to the *Associated Subspecialties* box.

Step 2: Add Specialties

- If you have another Specialty/Subspecialty to enter click the **Add** button in the top left corner and repeat the previous steps.
- When all the specialties/subspecialties have been entered, click **Primary Specialty** to designate one of the listed Specialties as Primary.

Shortcut to Step: 1 2 3 4 5 6 7 8 9

Step 2: Add Specialties

- Choose the *Primary Specialty* for this enrollment from the drop down menu.
- Choose the appropriate radio icon to select board certified or not.
- Complete the *Start Date* field. Leave *End Date* blank.
- When all information has been entered, click on *Save* then *Close*.

Shortcut to Step: 1 2 3 4 5 6 7 8 9

Step 2: Add Specialties

When all the Specialty information has been entered, click on **_Close_** to return to the BPW.

Shortcut to Step: 1 2 3 4 5 6 7 8 9

Business Process Wizard (BPW)

- You have completed Step 2: *Add Specialties*. The system will place the current date in the *End Date* field and will place *Complete* in the corresponding *Status* field.
- Click on Step 3: *Associate Billing Provider* to continue your application.

Close

Enroll Provider - Individual

Business Process Wizard - Provider Enrollment (Individual). Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	05/21/2015	05/21/2015	Complete	
Step 2: Add Specialties	Required	05/21/2015	05/21/2015	Complete	
Step 3: Associate Billing Provider	Required			Incomplete	
Step 4: Add License/Certification/Other	Required			Incomplete	Please add required License/Certification.
Step 5: Add Provider Controlling Interest/Ownership Details	Optional			Incomplete	
Step 6: Add Taxonomy Details	Required			Incomplete	
Step 7: Associate MCO Plan	Optional			Complete	
Step 8: Complete Enrollment Checklist	Required			Incomplete	
Step 9: Submit Enrollment Application for Approval	Required			Incomplete	

View Page: 1 Go Page Count : 1 SaveToXLS   Viewing Page: 1   First Prev Next Last

Shortcut to Step: 1 2 3 4 5 6 7 8 9

Step 3: Associate Billing Provider

- Click **Add** to associate to a Billing Provider.

Step 3: Associate Billing Provider

- Once all information has been entered, click on **Confirm Provider** and verify the correct **Provider Name** is displayed .
- Click **OK** when you are finished.

Step 3: Associate Billing Provider

- Click **Add** and repeat the process as necessary.
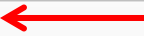- If there are no other Billing Providers to add, click on **Close** to return to the BPW.

Business Process Wizard (BPW)

- You have completed Step 3: *Associate Billing Provider.* The system will place the current date in the *End Date* field and will place *Complete* in the corresponding *Status* field.
- Click on Step 4: *Add Licenses and Certifications* to continue your application.

⊗ Close

⊞ Enroll Provider - Individual ︿

Business Process Wizard - Provider Enrollment (Individual). Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	05/21/2015	05/21/2015	Complete	
Step 2: Add Specialties	Required	05/21/2015	05/27/2015	Complete	
Step 3: Associate Billing Provider	Required	05/21/2015	05/27/2015	Complete	
Step 4: Add License/Certification/Other	Required			Incomplete	Please add required License/Certification.
Step 5: Add Provider Controlling Interest/Ownership Details	Optional			Incomplete	
Step 6: Add Taxonomy Details	Required			Incomplete	
Step 7: Associate MCO Plan	Optional			Complete	
Step 8: Complete Enrollment Checklist	Required			Incomplete	
Step 9: Submit Enrollment Application for Approval	Required			Incomplete	

View Page: 1 ⊙ Go **Page Count : 1** ☒ SaveToXLS **Viewing Page: 1** ≪ First ‹ Prev › Next ≫ Last

Shortcut to Step: **1** **2** **3** **4** **5** **6** **7** **8** **9**

Step 4: Add Licenses/Certifications/Other

• Click on the **Add** button to begin adding Licenses and Certifications.

Illinois Medicaid Program Advanced Cloud Technology
IMPACT

Add License/Certification/Other

License/Certification/Other Type: [▼] *

License/Certification/Other #: [   ] *

→ Valid Flag: [   ]

Effective Date: [   ] 📅 *

End Date: [   ] 📅

If you choose to continue to enroll and wish to validate your license again prior to submitting your application, click "OK".
Submission of an application with an invalid license will prolong the application approval process.

[Confirm License/Certification/Other]   [✔ OK]   [⊗ Cancel]

- Click the drop down menu next to *License/Certification Type* to select your License/Certification, then enter the *License/Certification Number* and *Effective Date* in the appropriate fields. Leave the *End Date* field blank.
- After all information is entered, click on *Confirm License/Certification.*
- Clicking this button will result in the License/Certification being validated and update the *Valid Flag* to *Yes* if it is verified to be authentic.
- Click *Ok*.

Step 4: Add Licenses/Certifications/Other

- If any additional Licenses/Certifications, click on the **Add** button in the top left corner and repeat the steps.
- Click **Close** once all Licenses/Certifications have been entered to return to the BPW.

Shortcut to Step: 1 2 3 4 5 6 7 8 9

Business Process Wizard (BPW)

Illinois Medicaid Program Advanced Cloud Technology
IMPACT

- You have completed Step 4: ***Add Licenses and Certifications.*** The system will place the current date in the ***End Date*** field and will place ***Complete*** in the corresponding ***Status*** field.
- Click on Step 5: ***Add Ownership Details*** to continue your application.

⊘ Close

⊞ Enroll Provider - Individual ⌃

Business Process Wizard - Provider Enrollment (Individual). Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	05/21/2015	05/21/2015	Complete	
Step 2: Add Specialties	Required	05/21/2015	05/27/2015	Complete	
Step 3: Associate Billing Provider	Required	05/21/2015	05/27/2015	Complete	
Step 4: Add License/Certification/Other	Required	05/27/2015	05/27/2015	Complete	
Step 5: Add Provider Controlling Interest/Ownership Details	Optional			Incomplete	
Step 6: Add Taxonomy Details	Required			Incomplete	
Step 7: Associate MCO Plan	Optional			Complete	
Step 8: Complete Enrollment Checklist	Required			Incomplete	
Step 9: Submit Enrollment Application for Approval	Required			Incomplete	

View Page: 1   ⊙ Go   Page Count : 1   ⊠ SaveToXLS   Viewing Page: 1   « First   ‹ Prev   › Next   » Last

Shortcut to Step: **1** **2** **3** **4** **5** **6** **7** **8** **9**

Step 5: Controlling Interest/Ownership

- It is required that ownership of 5% or more in any other Medicaid/Medicare entity be entered.
- To enter Ownership details in another Medicaid/Medicare Entity, click on *Add Other Owned Entity*.

Shortcut to Step: | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |

Step 5: Controlling Interest/Ownership

*Please complete all fields. At a minimum, all fields with an * are required.*

- After entering the street address and zip code, click *Validate Address*.
- When all information is complete, click *OK*.
- Repeat these steps to add ownership in another Medicaid/Medicare Entity.

Shortcut to Step: 1 2 3 4 5 6 7 8 9

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Step 5: Controlling Interest/Ownership

- To enter ownership details in another entity, click *Add Other Owned Entity* and repeat the previous steps.
- When all ownership details have been entered, click on *Close*.

Business Process Wizard (BPW)

- You have completed Step 5: *Add Ownership Details.* The system will place the current date in the *End Date* field and will place *Complete* in the corresponding *Status* field.
- Click on Step 6: *Add Taxonomy* to continue your application.

⊗ Close

⠿ Enroll Provider - Individual ⌃

Business Process Wizard - Provider Enrollment (Individual). Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	05/21/2015	05/21/2015	Complete	
Step 2: Add Specialties	Required	05/21/2015	05/27/2015	Complete	
Step 3: Associate Billing Provider	Required	05/21/2015	05/27/2015	Complete	
Step 4: Add License/Certification/Other	Required	05/27/2015	05/27/2015	Complete	
Step 5: Add Provider Controlling Interest/Ownership Details	Optional	05/27/2015	05/27/2015	Complete	
Step 6: Add Taxonomy Details	Required			Incomplete	
Step 7: Associate MCO Plan	Optional			Complete	
Step 8: Complete Enrollment Checklist	Required			Incomplete	
Step 9: Submit Enrollment Application for Approval	Required			Incomplete	

View Page: 1 ⊙ Go **Page Count : 1** ⊠ SaveToXLS **Viewing Page: 1** « First ‹ Prev › Next » Last

Shortcut to Step: **1** **2** **3** **4** **5** **6** **7** **8** **9**

Step 6: Add Taxonomy Details

- To enter taxonomy details click on *Add*.

Step 6: Add Taxonomy Details
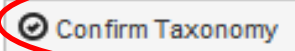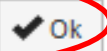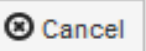
Add Taxonomy

Taxonomy Code: [   ] * ◄ (Click here for Taxonomy List)

Description:

Start Date: [   ] 📅 *

End Date: [   ] 📅

Confirm Taxonomy   ✔ Ok   ⊗ Cancel

- If the code is known, enter the *Taxonomy Code* and the *Start Date*.
- *End Date*: Leave blank. This can be updated at a later time.
- Click on *Confirm Taxonomy* and verify *Description* is populated correctly.
- Click on *OK* to finalize the submission.

Shortcut to Step: 1   2   3   4   5   6   7   8   9

Step 6: Add Taxonomy Details

- If code is not known, click on the ◄ to the right of the box to access The National Uniform Claim Committee Taxonomy Code list. This will open a web browser window.
- At least one of the Taxonomy Codes entered in IMPACT must be the Taxonomy Code registered with the National Plan and Provider Enumeration System (NPPES).

Shortcut to Step: 1   2   3   4   5   6   7   8   9

Step 6: Add Taxonomy Details
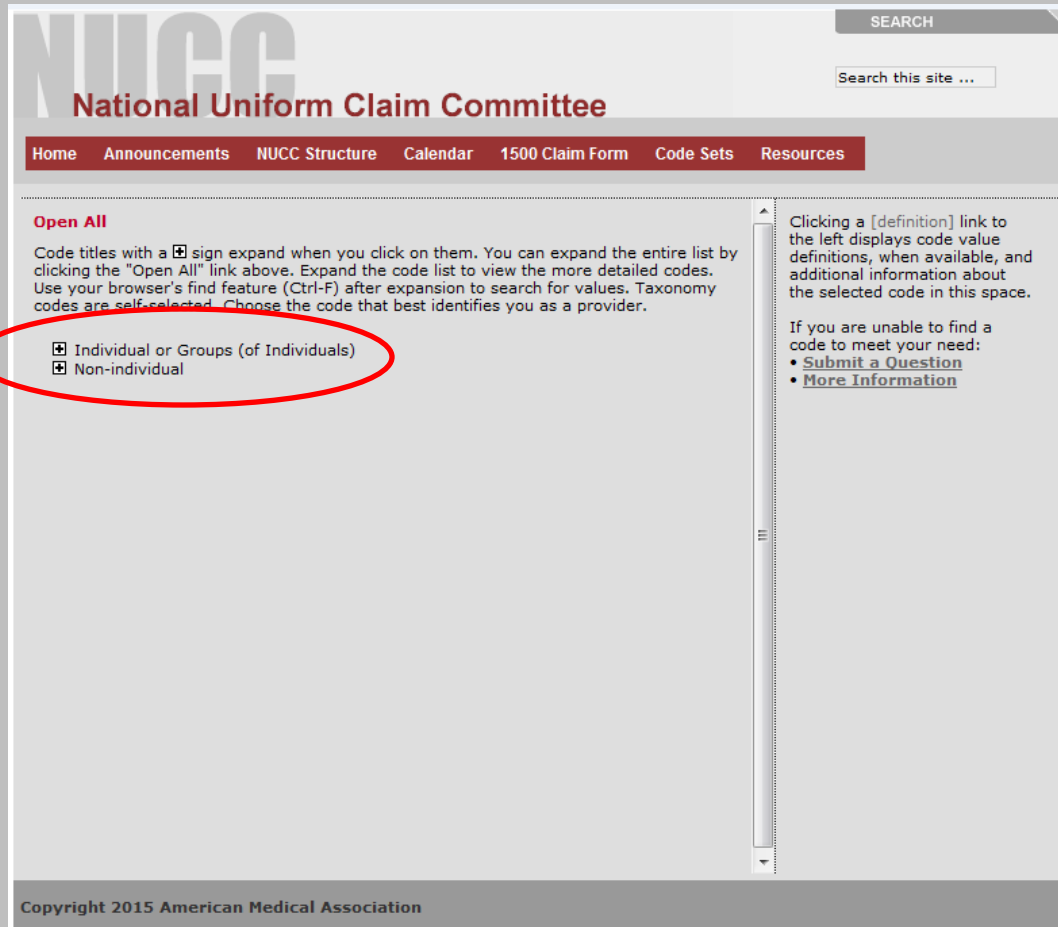
- In the web browser window that opens will be a list of provider types.
- Click **+** next to the appropriate provider type for your enrollment.

Shortcut to Step: 1 2 3 4 5 6 7 8 9

Step 6: Add Taxonomy Details

- Click on the **+** next to the appropriate profession listed under the heading which you previously selected.

- Click on the **+** next to the appropriate profession listed under the heading which you previously selected.
- Make a note of the ***Taxonomy Code*** that is correct for your area of practice.
- Click on the **X** button in the upper right corner to close the National Uniform Claim Committee webpage.

Shortcut to Step: 1 2 3 4 5 6 7 8 9

Step 6: Add Taxonomy Details

Add Taxonomy

Taxonomy Code: 164W00000X * ◀ (Click here for Taxonomy List)

Description: Licensed Practical Nurse

Start Date: 06/01/2015 *

End Date: 12/31/2999
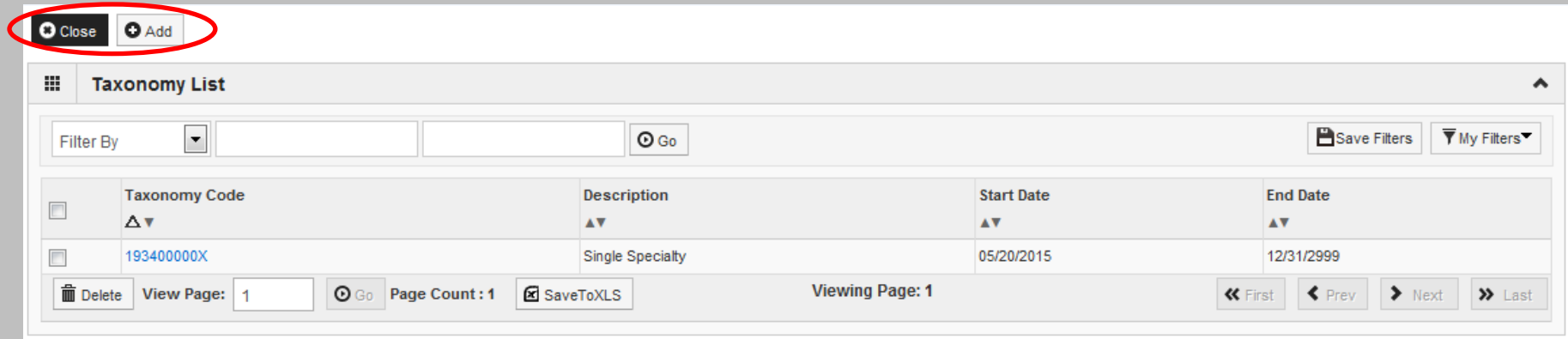
⊘ Confirm Taxonomy   ✔ Ok   ⊗ Cancel

- Enter the *Taxonomy Code* and the *Start Date*.
- Leave *End Date* blank. This can be updated at a later time.
- Click on *Confirm Taxonomy* and verify *Description* is populated correctly.
- Click on *OK* to finalize the submission.

Shortcut to Step: | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |

Step 6: Add Taxonomy Details

- Repeat the steps by clicking on the *Add* button for any additional Taxonomy Codes that need to be entered.
- Otherwise, click on the *Close* button in the upper left corner.

Shortcut to Step: 1 2 3 4 5 6 7 8 9
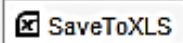
- You have completed Step 6: ***Add Taxonomy.*** The system will place the current date in the ***End Date*** field and will place ***Complete*** in the corresponding ***Status*** field.
- Click on Step 7: ***Associate MCO*** to continue your application.

Close

⊞   Enroll Provider - Individual   ∧

Business Process Wizard - Provider Enrollment (Individual). Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	05/21/2015	05/21/2015	Complete	
Step 2: Add Specialties	Required	05/21/2015	05/27/2015	Complete	
Step 3: Associate Billing Provider	Required	05/21/2015	05/27/2015	Complete	
Step 4: Add License/Certification/Other	Required	05/27/2015	05/27/2015	Complete	
Step 5: Add Provider Controlling Interest/Ownership Details	Optional	05/27/2015	05/27/2015	Complete	
Step 6: Add Taxonomy Details	Required	05/27/2015	05/27/2015	Complete	
Step 7: Associate MCO Plan	Optional			Complete	
Step 8: Complete Enrollment Checklist	Required			Incomplete	
Step 9: Submit Enrollment Application for Approval	Required			Incomplete	

View Page: 1   **⊙ Go**   **Page Count : 1**   **⊠ SaveToXLS**   **Viewing Page: 1**   **« First**   **‹ Prev**   **› Next**   **» Last**

Shortcut to Step: **1** **2** **3** **4** **5** **6** **7** **8** **9**

Step 7: Associate MCO Plan

- Click **_Add_** to associate a MCO plan for which there is a current valid contract.
- Specific MCO plans can be added only once to the application.
- Sister Agencies will also be listed as an MCO Plan. A sister agency is also known as a State Agency or a Waiver provider.

Shortcut to Step: 1 2 3 4 5 6 7 8 9

Step 7: Associate MCO Plan

Associate MCO Plan

Click on the 'Confirm/Search Plan' button to search for a MCO Plan or confirm the Plan ID entered

Please associate only to plans with which you have a signed contract

Plan ID: _____ * → Plan Name:

Program Code Description:

Association Start Date: _____ 📅 *   Association End Date: _____ 📅

Confirm/Search Plan   ✔ Ok   ⊗ Cancel

- Enter a *Plan ID* and *Association Start Date* (or, the date of the application).
- *End Date*: Leave Blank.
- Click *Confirm/Search Plan* to confirm the plan ID or to search for the plan.
- Verify the *Plan Name* populated correctly, then click *OK*.
- If the MCO is not known, click on *Confirm/Search Plan* to search for a plan.

Shortcut to Step: | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |

Step 7: Associate MCO Plan

- Use the *Filter By* drop down and enter desired information to filter the available MCO plans.
- When the desired MCO plan is located, click on the checkbox next to the that line then, click *Select*.

Shortcut to Step: 1 2 3 4 5 6 7 8 9

Step 7: Associate MCO Plan

- Verify the MCO Plan information populated correctly.
- Click **OK**.

Step 7: Associate MCO Plan
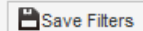
Close   **Add**

MCO Plan List

Filter By [▼]   [   ]   [   ]   ⊙ Go   💾 Save Filters   ▼ My Filters ▼

☐	Plan ID △▼	Plan Name ▲▼	Business Status ▲▼	Business Status Start Date ▲▼	Business Status End Date ▲▼	Association Start Date ▲▼	Association End Date ▲▼	Program Code Description ▲▼
☐	7126080	Blue Cross Blue Shield IL FHP	Active	01/01/2015	12/31/2999	05/21/2015	12/31/2999	Family Health Plan/Affordable Care Act

🗑 Delete   View Page: [1]   ⊙ Go   Page Count : 1   📄 SaveToXLS   Viewing Page: 1   « First   ‹ Prev   › Next   » Last

- Click ***Add*** and repeat the previous steps to associate to an additional MCO Plan.
- If all MCO Plans have been entered, click ***Close*** to return to the BPW.

Shortcut to Step: **1** **2** **3** **4** **5** **6** **7** **8** **9**

Business Process Wizard (BPW)
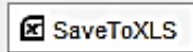
- You have completed Step 7: *Associate MCO.* The system will place the current date in the *End Date* field and will place *Complete* in the corresponding *Status* field.
- Click on Step 8: *Complete Enrollment Checklist* to continue your application.

Close

Enroll Provider - Individual

Business Process Wizard - Provider Enrollment (Individual). Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	05/21/2015	05/21/2015	Complete	
Step 2: Add Specialties	Required	05/21/2015	05/27/2015	Complete	
Step 3: Associate Billing Provider	Required	05/21/2015	05/27/2015	Complete	
Step 4: Add License/Certification/Other	Required	05/27/2015	05/27/2015	Complete	
Step 5: Add Provider Controlling Interest/Ownership Details	Optional	05/27/2015	05/27/2015	Complete	
Step 6: Add Taxonomy Details	Required	05/27/2015	05/27/2015	Complete	
Step 7: Associate MCO Plan	Optional	05/27/2015	05/27/2015	Complete	
Step 8: Complete Enrollment Checklist	Required			Incomplete	
Step 9: Submit Enrollment Application for Approval	Required			Incomplete	

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Shortcut to Step: **1** **2** **3** **4** **5** **6** **7** **8** **9**

Step 8: Complete Enrollment Checklist

Illinois Medicaid Program Advanced Cloud Technology
IMPACT

Question	Answer	Comments
Do you need to request a Retroactive Enrollment Date? If Yes, enter the requested Retroactive Enrollment Date in the comment field to be considered.	Not Completed	
Do you wish to end date your enrollment or association? If yes, what date and to which association.	Not Completed	
Are you currently excluded from any Illinois or other state program? If yes, provide state of exclusion and program.	Not Completed	
Are you currently excluded from any federal program? If yes, provide the program and date.	Not Completed	
Have you ever had a criminal or healthcare program-related conviction? If yes, provide type of conviction and date.	Not Completed	
Have you ever had a judgment under any false claims act? If yes, list judgment and date	Not Completed	
Have you ever had a program exclusion/debarment? If yes, provide program and date	Not Completed	
Have you ever had civil monetary penalty? If yes, provide penalty type and date.	Not Completed	
Do you have 5% or more ownership interest in other entities reimbursable by Medicaid and/or Medicare? If Yes, provide details in "Add Ownership Details" step.	Not Completed	
Has fingerprinting been completed per state requirements? If yes, with what vendor and date?	Not Completed	
If a Medicar, Service Car or Taxi/Livery Company, and not registered with the Secretary of State and your DBA name does not contain your full legal name, have you registered with the County Clerk?If yes, provide the registration number.	Not Completed	
Are you accepting new patients?	Not Completed	
Have you signed an agreement authorizing you or your organization to participate as an All Kids Application Agent? If yes, enter the effective date of your participation.	Not Completed	
Are you planning to provide services reimbursable through Department on Aging (DoA). If yes, provide the effective participation date you are requesting.	Not Completed	
Are you planning to provide services reimbursable through DHS, Division of Alcohol and Substance Abuse (DASA)? If yes, provide the effective participation date you are requesting.	Not Completed	
Are you planning to provide services reimbursable through DHS, Division of Rehabilitation Services (DRS)? If yes, provide the effective participation date you are requesting.	Not Completed	
Are you planning to provide services reimbursable through DHS, Division of Mental Health (DMH)? If yes, provide the effective participation date you are requesting.	Not Completed	
Are you planning to provide services reimbursable through DHS, Bureau of Early Intervention (EI)? If yes, provide the effective participation date you are requesting.	Not Completed	
Are you planning to provide services reimbursable through DHS, Division of Developmental Disabilities (DDD)? If yes, provide the effective participation date you are requesting.	Not Completed	
Are you planning to provide services reimbursable through Department of Children and Family Services (DCFS)? If yes, provide the effective participation date you are requesting.	Not Completed	

- All questions must be answered either *Yes* or *No* and comments made if directed to do so, if a Checklist item does not apply, select *No* as the answer.
- After all of the questions have been answered and comments made, click on the *Save* button in the upper left corner followed by clicking on the *Close* button.

Shortcut to Step: **1** **2** **3** **4** **5** **6** **7** **8** **9**

Business Process Wizard (BPW)

- You have completed Step 8: *Complete Enrollment Checklist.* The system will place the current date in the *End Date* field and will place *Complete* in the corresponding *Status* field.
- Click on Step 9: *Submit Enrollment Application* to continue your application.

⊗ Close

⊞ Enroll Provider - Individual ⌃

Business Process Wizard - Provider Enrollment (Individual). Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	05/21/2015	05/21/2015	Complete	
Step 2: Add Specialties	Required	05/21/2015	05/27/2015	Complete	
Step 3: Associate Billing Provider	Required	05/21/2015	05/27/2015	Complete	
Step 4: Add License/Certification/Other	Required	05/27/2015	05/27/2015	Complete	
Step 5: Add Provider Controlling Interest/Ownership Details	Optional	05/27/2015	05/27/2015	Complete	
Step 6: Add Taxonomy Details	Required	05/27/2015	05/27/2015	Complete	
Step 7: Associate MCO Plan	Optional	05/27/2015	05/27/2015	Complete	
Step 8: Complete Enrollment Checklist	Required	05/27/2015	05/27/2015	Complete	
Step 9: Submit Enrollment Application for Approval	Required			Incomplete	

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Shortcut to Step: **1** **2** **3** **4** **5** **6** **7** **8** **9**

Step 9: Submit Enrollment for Approval

- Click **Next** to confirm that all of the information that you have submitted as a part of the application is accurate.

Step 9: Submit Enrollment for Approval

Close | **Submit Application** | After reading the Terms and Conditions be sure to check the agreement box located at the end of the document.

Telepsychiatry and Group Psychotherapy Providers

Telepsychiatry and group psychotherapy service providers in the Illinois Medical Assistance Program agree, represent, and certify as follows:

1. I have completed either a general psychiatric residency program or a child/adolescent psychiatric residency program. I agree to provide HFS with the name of the program and the date on which I completed the program. I further agree that my acceptance of these Terms and Conditions certifies, under penalties of perjury, that the information I have provided on my residency program is true, accurate and complete.

Alcohol and Substance Abuse Providers

Alcohol and substance abuse providers in the Illinois Medical Assistance Program agree, represent, and certify as follows:

1. I shall notify Illinois Medical Assistance of any significant injury, suicide attempt or death at the facility, in order to allow Illinois Medical Assistance and the Department of Public Health to investigate the incident.

2. The Provider, if a substance abuse treatment and intervention provider per the definitions and requirements of 77 Ill. Admin. Code 2060 and 2090, agrees that it will maintain compliance with applicable parts of the then-effective Attachment C to the Department of Human Services Community Services Agreement (available via http://www.dhs.state.il.us/page.aspx?item=29741).

Community Mental Health Providers

Community Mental Health providers in the Illinois Medical Assistance Program agree, represent, and certify as follows:

1. The Provider, if a community mental health provider per the definitions and requirements of 59 Ill. Admin. Code 132, agrees that it will maintain compliance with applicable parts of the then-effective Attachment B to the Department of Human Services Community Services Agreement (available via http://www.dhs.state.il.us/page.aspx?item=29741).

☐ By checking this, I certify that I have read and that I agree and accept the enrollment conditions in the Trading Partner Agreement.

- Read through all of the terms and conditions.
- Check the box certifying that you agree to the Terms and Conditions.
- Then select **Submit Application**.

Shortcut to Step: | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |

Business Process Wizard (BPW)

- The below message will appear advising that the application has been submitted to the state for review. The application number can be used through the track application option after sign-on to check the status of the application.
- Click **OK** on the message box.

Message from webpage

⚠ Your Application Number 20150521438762 has been successfully submitted for State review. Return with this application number to track the status of your application.

OK
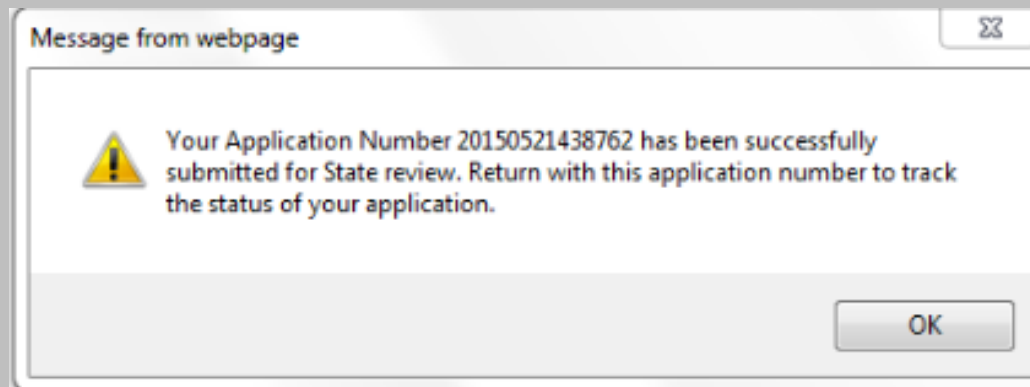
Business Process Wizard (BPW)

- You have completed Step 9: *Submit Enrollment Application.* The system will place the current date in the *End Date* field and will place *Complete* in the corresponding *Status* field.

Enroll Provider - Individual

Business Process Wizard - Provider Enrollment (Individual). Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	05/21/2015	05/21/2015	Complete	
Step 2: Add Specialties	Required	05/21/2015	05/27/2015	Complete	
Step 3: Associate Billing Provider	Required	05/21/2015	05/27/2015	Complete	
Step 4: Add License/Certification/Other	Required	05/27/2015	05/27/2015	Complete	
Step 5: Add Provider Controlling Interest/Ownership Details	Optional	05/27/2015	05/27/2015	Complete	
Step 6: Add Taxonomy Details	Required	05/27/2015	05/27/2015	Complete	
Step 7: Associate MCO Plan	Optional	05/27/2015	05/27/2015	Complete	
Step 8: Complete Enrollment Checklist	Required	05/27/2015	05/27/2015	Complete	
Step 9: Submit Enrollment Application for Approval	Required	05/27/2015	05/27/2015	Complete	

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Shortcut to Step: 1 2 3 4 5 6 7 8 9

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Resources

- For more information regarding IMPACT, please visit http://www.illinois.gov/hfs/impact/Pages/AboutIMPACT.aspx

- Check out the definitions of common terms at http://www.illinois.gov/hfs/impact/Pages/Glossary.aspx

Questions and Answers

- FAQ's can be found at http://www.illinois.gov/hfs/impact/Pages/faqs.aspx to help resolve common questions and problems when submitting applications.

- General questions regarding IMPACT can be addressed to:
  - Email: IMPACT.Help@Illinois.gov
  - Phone: 1-877-782-5565